TITLE XIX REPORT OF EXPENDITURES
(BY CATEGORY OF SERVICE)
(FISCAL WTD TOTALS AS OF 11/30/07)

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

65.581

10.678

69.616

1,108,099

115.068

67,320

11.520

46,455

3,752

12,505

11.338

4,845

n

n

1,744,490

43,954

76.425

23,506

616,527

59.871

163,576

125,147

135,068

61,377

66.474

22,845

3,869

9,589

24,940

9,916

85.478

2,112

382

- 0

10

16

1,435,541

174

41

0

1.893.608

1,179,338

1,609,010

106.850

119,344

214,779

1.341.312

1.012.694

1,569,653

59,701

12.297

8,206

44,456

76.337

23,506

616,506

59.871

8,128,381

219,128

136,689

65,014

83.320

30,128

117,567

243,434

29.587

279,268

60.820

19,364

3,273,293

541

- 0

3.5

186

1,435,519

Π

Π

Π

317,260

5,186

41

0

PAGE

RUN DATE 11/24/07

TOTAL. PAYMENT

\$127,380,000.75

\$76,167,199.50

\$9,176,762.34

\$167.965.607.23

\$104,930,864,62

\$1,297,617.45

\$44.635.957.01

\$76,133,775.25

\$13,429,742,33

\$2,017,764.01

\$9,815,889.36

\$3,222,517.25

\$1,481,341.50

\$5,615,372,75

\$84,106,596.25

\$3,344,297.35

\$6.082.558.51

\$3,646,199.33

\$1,233,012.00

\$2.829.114.71 \$17,090,238.50

\$6,555,365.20

\$19,467,276,27

\$3,582,088.30

\$2,066,438.61

\$1,425,067.52

\$6,556,909.50

\$118,589,056.19

\$1,317,074.56

\$196,718.39

\$897,333.23 \$2,170,175.45

\$914,362.43

\$17,641.76

\$1,416.37

\$6,946.98

\$0.00

\$42,514,036,77

\$185,066.15

\$15,277,685.00

\$15,679.93

\$0.00

\$n.nn

\$0.00

\$0.00

\$0.52-

\$0.00

\$0.00

sn.nn

\$63.14

1

IAMM2200-R003 (MR-0-12)

INTERMEDIATE CARE FACILITY

INTER CARE MENTAL RETARDA

LEAD INSPECTION AGENCY

NURSING FAC FOR MENTAL ILL

AS OF 11/30/07

HOME HEALTH

CLINIC SERVICES

MEP CASE MANAGEMENT

LAB AND RADIOLOGICAL

HABILITATION SERVICES

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

EARLY ACCESS SERVICES

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES IOWA PLAN PROGRAM

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

REMEDIAL SERVICES

AMBULANCE SERVICES

PRESCRIBED DRUGS

DRUG CAPITATION

EPSDT SCREENING

PATTENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

CHIROPRACTIC PODIATRIC

PHYSICIAN

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
INPATIENT	25,012	31,692	187,275
OUTPATIENT	146.114	387,220	3,429,090

INPATIENT	25,012	31,692	187,275
OUTPATIENT	146,114	387,220	3,429,090
CHILD PART HOSP	0	0	0
CHILD DAY TREATMENT	0	0	0
ADULT PART HOSP	1	0	0
ADULT DAY TREATMENT	0	0	0
SKILLED NURSING FACILITY	2,219	3,542	44,592

15.534

21.504

234,295

50,050

37,091

2.283

7.027

2,634

8,682

2.469

216,194

21,750

313,197

52,650

154,346

5,893

5,624

39,303

34,038

85,739

44,241

17.996

12,208

7.570

2,257

10,134

453

51

715

959

50

0

8

13

913

n

- 0

n

. .

2,225

41

40

IAM	IM22	00-E	R003	(MR-O-12)
AS	OF	11/3	30/07	

ILL & HANDICAPPED WAIVER SVCS

\* ALL CATEGORIES \* 396,442

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

## IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 11/24/07

535,508

0

13-

52,848

TOTAL PAYMENT \$25,924,497.52

\$8,329,831.36

\$444,751.20

\$12,900,682.06

\$1,030,958,591,37

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 11/30/07)

15,872

50,060

2

0

6,853,890 30,669,555

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	10,357	127,319	2,028,026

2,475

0

11,157

149